

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-017442

Registration District No.

318-1720251

SL-284-1003

3915

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Primary Registration District No.

Registrar's No.

FILED APR 17 1963

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ST. LOUIS		Length of stay in 1b 28 DAYS	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VET ADM HOSPITAL		d. STREET ADDRESS (If outside, give location) 5861 HAMPTON AVENUE	
3. NAME OF DECEASED (Type or print) First Middle Last ROBERT C. BUCKRUCKER		4. DATE OF DEATH Month Day Year APRIL 6 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6-21-13
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) POST OFFICE EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY POSTAL SERVICE	
11. BIRTHPLACE (City and state or country) ST. LOUIS, MO.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HARRY BUCKRUCKER		13b. MOTHER'S MAIDEN NAME ANNA FAIST	
14. NAME OF HUSBAND OR WIFE GEORGIA BUCKRUCKER		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) YES WW 2	
16. SOCIAL SECURITY NO.		17. INFORMANT GEORGIA NICKRUCKER See 2 above	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINOMA OF LUNG Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 163x PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE		
21. I attended the deceased from 3-10-63 to 4-6-63 and last saw him alive on 4-6-63 Death occurred at 5:55 AM m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE MARION S. S. (Signature or title) MD.		22b. ADDRESS VAH, ST. LOUIS, MISSOURI	
22c. DATE SIGNED 4-6-63		22d. LOCATION (City, town, or county) (State) ST. LOUIS COUNTY, MO.	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE Apr. 8, 1963	23c. NAME OF CEMETERY OR CREMATORY RESURRECTION CEMETERY	
24. FUNERAL DIRECTOR BEIDERWIEDEN F.H. INC., 1936 ST. LOUIS AVE.		25. DATE RECD. BY LOCAL REG. APR 6 1963	
26. REGISTRAR'S SIGNATURE Earl Smith M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

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ITEM NO.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____ Student-Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply
with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.